24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	PAGE 1 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
MOVE MARYLAND FORWARD	C C00622431
	0 00022-01
Check if 24-hour report 48-hour report New report Amends	report filed on 10 08 2016
Full Name of Payee EMPIRE BROADCASTING SYSTEMS INC	Date of Public Distribution/Dissemination
	10 10 / 2016
Mailing Address 179 ADMIRAL COCHRANE DRIVE	Amount
City State Zip Code	7100.00
ANNAPOLIS MD 21401	Transaction ID: SE.4160 Date of Disbursement or Obligation
Purpose of Expenditure RADIO ADS (10/10 - 10/23/2016) Category/ Type	004 10 / 06 / 2016
Name of Federal Candidate Suppo	ort Office Sought: House District: 00
SZELIGA, KATHY, , ,	
Calendar Year-To-Date Per Election for Office Sought 106741.00	Disbursement For: Primary General 2016 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
EMPIRE BROADCASTING SYSTEMS INC	10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 179 ADMIRAL COCHRANE DRIVE	
	Amount
City State Zip Code	800.00
ANNAPOLIS MD 21401	Transaction ID : SE.4161 Date of Disbursement or Obligation
Purpose of Expenditure RADIO ADS (10/10 - 10/23/2016) Category/ Type	004
Name of Federal Candidate Suppo	ort Office Sought: House District: 00
SZELIGA, KATHY, , ,	See President X Senate State: MD
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2016
_	
(a) SUBTOTAL of Itemized Independent Expenditures	7900.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······· >
()	
(c) TOTAL Independent Expenditures	············)
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or age party committee) any political party committee or its agent.	
MACKENZIE, SCOTT B, , , [Electronically Filed]	Date 10 22 2016
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	IN EXILIND	HONLO		PAGE 2 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
MOVE MARYLAND FORWARD			С	C00622431
Check if 24-hour report 48-hour report	New rep	oort X Amends repo	ort filed on 10	08 2016
Full Name of Payee GO BIG MEDIA INC			Date of Publ	ic Distribution/Dissemination
Mailing Address 1350 CONNECTICUT AVE NW			Amount	
SUITE 400		7: 0 !		
City WASHINGTON	State DC	Zip Code 20036		3500.00 ID: SE.4157 oursement or Obligation
Purpose of Expenditure RADIO AD PRODUCTION		Category/ Type 004	M = M	/ 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		✗ Support	Office Sought:	House District: 00
SZELIGA, KATHY, , ,		Oppose	President	Senate State: MD
Calendar Year-To-Date Per Election for Office Sought		77064.00	Disbursement For: 2016 Other (s	Primary X General pecify) ▶
Full Name of Payee HEARST RADIO Mailing Address 3800 HOOPER AVE			Date of Publ	lic Distribution/Dissemination
		7: 0 !	Amount	2010.00
City BALTIMORE	State MD	Zip Code 21211	Transaction I	6940.00 ID: SE.4158 bursement or Obligation
Purpose of Expenditure RADIO ADS (10/07 - 10/31/2016)		Category/ Type 004	M 10	06 2016
Name of Federal Candidate		x Support	Office Sought:	House District:00
SZELIGA, KATHY, , ,		Oppose	President	Senate State: MD
Calendar Year-To-Date Per Election for Office Sought		84004.00	Disbursement For: 2016 Other (s	Primary X General specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures			10440.00
(b) SUBTOTAL of Unitemized Independent Expe	nditures		· • · · · · · · · · · · · · · · · · · ·	
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any cand party committee) any political party committee or	didate or authorized			
MACKENZIE, SCOTT B, , ,	[Electron	nically Filed] Date	e 10 / 22	2016
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 3 OF 4 FOR SE OF FORM 24/48			
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
MOVE MARYLAND FORWARD	C C00622431			
check if X 24-hour report 48-hour report New report X Amends report filed on	n 10 08 / Y Y Y Y			
Full Name of Payee IMAGINE IT DESIGNS	Date of Public Distribution/Dissemination 10 07 2016			
Mailing Address 100 TEAL LN #34	Amount			
City State Zip Code	15637.00			
LAFAYETTE LA 70507	Transaction ID : SE.4159 Date of Disbursement or Obligation			
Purpose of Expenditure CONCEPT; CREATIVE & PRODUCTION FEES Category/ Type 004	10 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate Support Office S	Sought: House District: 00			
SZELIGA, KATHY, , , Oppose P	President State: MD			
Calendar Year-To-Date Per Election for Office Sought Disburs 2016	ement For: Primary X General Other (specify) ▶			
Full Name of Payee WCBM-AM RADIO	Date of Public Distribution/Dissemination			
Mailing Address 1726 REISTERSTOWN RD				
SUITE 117	Amount			
City State Zip Code	8101.00			
1.200	ransaction ID : SE.4162 Date of Disbursement or Obligation			
Purpose of Expenditure RADIO ADS (10/11 - 10/21/2016) Category/ Type 004	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate Support Office S	Sought: House District: 00			
SZELIGA, KATHY, , , Oppose	President Senate State: MD			
Calendar Year-To-Date Per Election for Office Sought Disburs 2016	ement For: Primary X General Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures	23738.00			
#N OUDTOTAL (11 % 1 1 1 1 1 1 5 1 %)				
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
MACKENZIE, SCOTT B, , , [Electronically Filed] Date 10	22 / 2016			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 4 OF 4 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	C IDENTIFICATION NUMBER ▼			
MOVE MARYLAND FORWARD	C00622431			
Check if 24-hour report 48-hour report New report Amends report filed on 10	08 2016			
WNAV RADIO				
Mailing Address 236 ADMIRAL DRIVE Amount	10 2016			
	2040.00			
	3340.00 on ID : SE.4163 isbursement or Obligation			
Purpose of Expenditure RADIO ADS (10/10 - 10/22/2016) Category/ Type 004				
Name of Federal Candidate X Support Office Sought:	House District: 00			
SZELIGA, KATHY, , , Oppose President	Senate State: MD			
Calendar Year-To-Date Per Election for Office Sought Disbursement For 2016 Other	r: Primary x General (specify) ▶			
Full Name of Payee Date of Po	ublic Distribution/Dissemination			
Mailing Address Amount				
City State Zip Code	7			
Purpose of Expenditure Category/ Type Date of D	isbursement or Obligation			
Name of Federal Candidate Support Office Sought: Oppose President	House District:			
Calendar Year-To-Date Per Election for Office Sought				
(a) SUBTOTAL of Itemized Independent Expenditures	3340.00			
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7			
(c) TOTAL Independent Expenditures	45418.00			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
	22 / 2016			